

Trauma & Dissociation: A Challenge for Energy Psychologyⁱ

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*Certain happenings leave
indelible and distressing memories,
memories to which
the sufferer continually returns,
and by which he is tormented
by day and by night.*

Pierre Janet, 1919

Trauma and dissociation have been important indications for energy psychology since its beginnings. In this presentation, I will offer some highlights from the history of trauma, five key factors of trauma treatment, and an integrative model for the treatment of trauma within the context of energy psychology and psychotherapy.

I've been working with trauma and dissociation for many years. In my job in the Dutch pulmonary rehabilitation hospital in Davos, Switzerland, I met many men and women who were traumatized in the Second World War. My early experiences with these trauma survivors stayed with me and eventually led me to meridian-based psychotherapy. During the last five years I have integrated meridian-based techniques into my work as a psychotherapist, as a supervisor and as a trainer. Many times I have wished that I had this powerful tool for healing to help those patients of my early career.

This article reflects my way of framing trauma through meridian-based psychotherapy. I will use a case example, the story of Carla, to illustrate my ideas about theory and treatment. I will tell her story together with little pieces of theory, so that, at the end of this presentation, we will have an illustrated guide.

Carla is a German woman with a war trauma. A colleague, who sees her for ongoing treatment, referred her to me. She came to see me because she couldn't cope with the long-term effects of her war experiences. Her therapy in Germany had come to an impasse. I saw her on three consecutive days, for long sessions, two hours or more. I have chosen her story, because it reflects many essential aspects of trauma and dissociation.

Carla is a medical doctor in her early sixties. She's dressed in black, and makes the impression of a strong, highly professional woman. She is divorced almost twenty years, and has a son who will soon leave the house. She has had some training in energy psychology and is familiar with its concepts. In her daily work with patients, she has a broad range of theories and methods at her disposal. The only relationships she has are her clients, after a time in which she was politically very active.

She came to me because of her war trauma. Every night she was re-experiencing her flight during the war. My colleague, who trained with me in energy psychology, had worked with her symptoms of PTSD. In this work, she came closer and closer to the roots of her current difficulties.

Carla was born from German parents in Bohemia during the war, where her father was employed for the Third Reich. She remembers her Bohemian years as paradise. They lived in a wooden house near the forest, in beautiful surroundings, with animals she loved.

Here we have the basic situation of the Original Personality before the trauma. Life is predictable, everything is under control, life seems to be just and the environment reacts appropriately to the person's acts.



life is:

- predictable
- under control
- just
- appropriate

In the course of the years, this little paradise showed its first cracks: Pain, threat and damage entered Carla's life.

A neighbor was shot by a German soldier, even though her father tried to save him. Later, when Hitler started to lose his battles, her father had to join the army. When he left the house, Carla remembers herself thinking. "He's leaving and he will never come back". Paradise was destroyed definitively, when the Russians came in 1945. At that time she was 5 years old. She had to flee with her mother and some friends. She lost everything she had, her local friends, her house, and her animals. The mother and the two daughters caught the last train to Berlin, before the Russian army conquered the place in Bohemia where she lived. In Berlin, they barely survived the siege of the city.

Here we have all the ingredients of a trauma:

1. An unexpected, painful situation, which cannot be understood within the existing frame of reference of the child.

The world that the child had learned to understand was one in which

- Father and mother protected her,
- She lived in beautiful surroundings, where all physical needs were met,
- She had her friends and her animals around her,
- She was not exposed to threats or violence.

For the new, painful and unexpected situation she had no cognitive structure. There was no way to know what was going on, no way to understand.

2. The persons responsible for the victim are not able to offer sufficient protection and cognitive structures to understand the new events.

Father was in the army, and mother needed all the energy she had for the physical survival of the family. Mother could help Carla to survive, but couldn't help her to cope with the losses, couldn't help her to understand what she saw and experienced. She had no way to understand the thunder of the Russian artillery guns nearing the city of Berlin, the people in panic, storming the train, the violence and the killing of adults and children.

In such situations, people reach conclusions about themselves, about others and about the quality of life. When her father left, she remembers herself thinking: "He's leaving, he'll never come back, I'm alone". Thoughts generated in a situation of high arousal, readily turn into beliefs. Once this happens, such thoughts serve as a model of the world, as a frame of reference. In the brain, they're stored in the limbic system, in a frozen combination with the emotion of the moment.

As a result of these early traumatic experiences, Carla entered my office with a view of the world in which she had lost any feeling of home. She felt as if she was constantly fleeing. She was used to and able to take responsibility for herself, and had a long history of experiences of people leaving her and never coming back.

Don Elium says: A trauma is like a glass falling on the kitchen floor. The original personality is shattered: Dissociation. An early model, called the structural model for dissociation was proposed by the British army psychiatrist/psychologist Charles Samuel Myers in 1940 (Van der Hart, 2000).

Before the traumatic events happen, we have an Original Personality. In Carla's case, this is the happy girl, who lives with parents and her sister near the forest, in the wooden house with the garden and the animals. Then, in the process of the trauma, the original personality is split in two parts: an Apparently Normal Personality (ANP) and an Emotional Personality (EP).

The ANP is composed of a complex of dissociative states that avoid the traumatic experiences. It is phobic of the traumatic memories. The ANP has the function of fulfilling daily tasks necessary to living: attachment, energy management, reproduction and rearing of children, socialization, play, and exploration. Avoidance of the trauma would make daily functioning more

possible since intrusion of the trauma and related EPs would interfere with daily tasks.

In Carla's case, the Apparently Normal Personality was the professional woman we've seen at the beginning of the session.

This part of the personality showed up every once in a while in the session, especially when she had to avoid the emotions involved in the trauma. The ANP was a tough, highly professional woman, who had written books, founded a hospital, and who could offer a strong support for her patients. She was able to manage her practice, take care of her sons, and to organize her life well.



The second part in the Myers' structural model of dissociation is the Emotional Personality (EP). This part is fixated in the trauma and associated experiences. It displays innate defense behaviors, like hypervigilance, flight, freezing, anesthesia/analgesia, fight, and submission. The Emotional Personality has a narrowed attentional focus, primarily concentrated on the trauma. The trauma is perceived, (re)experienced, and responded to as a current event. The EP may as well develop a rudimentary or more elaborated and autonomous self-representation.



Carla's Emotional Personality was a totally different person from the Apparently Normal Personality. In this state, she was a helpless, lonely child, still devastated. If I asked her to describe the flight from Bohemia, she was in contact with the deep emotions of the little girl waiting in the train at the Berlin station while the bombs were falling. She still saw and heard the horrible scenes. People tried to storm the train; many were killed underfoot, she heard the roar of the approaching artillery. This Emotional Personality has been part of her since, and her life is an eternal flight.

If we make a quick jump towards DSM-IV and the PTSD diagnosis, we find an interesting parallel with Myers' ideas: the main diagnostic categories of PTSD are re-experiencing and avoidance. The Emotional Personality described by Myers corresponds with the re-experiencing, and the Apparently Normal Personality represents avoidance. The Apparently Normal Personality is phobic to the Emotional Personality.

This is what we call primary dissociation. In complex trauma, when trauma is increasingly overwhelming and/or prolonged, further fragmentation of the Emotional Personality may occur. We call this secondary dissociation.

If we look closer at Carla's case, there are other parts in the Emotional Personality. When I tried to identify the key moments of the traumatic events of those early days, she described a situation that she was alone in the house in Bohemia, and that everybody had left her. She stayed on the first floor of the house, closed off from any contact.

This is interesting: The incident she described didn't happen in reality. It's a dissociated part she constructed to cope with reality. She told me: A part of me has stayed in Bohemia, in that house. When I explored this part with her, we found still another part of herself: A happy child, who was in the garden together with the animals, and enjoyed playing with them. We also found a part that was completely detached, registering the events like a video camera, without any emotion. So we can differentiate Carla's Emotional Personality in different parts:

- A part in immediate contact with the threatening circumstances
- A fantasized, idealizing part which stayed in the life before the trauma
- A fantasized, lonely part that lived what she had feared most: staying behind alone.
- A detached Observing Personality who registered all this without emotion.

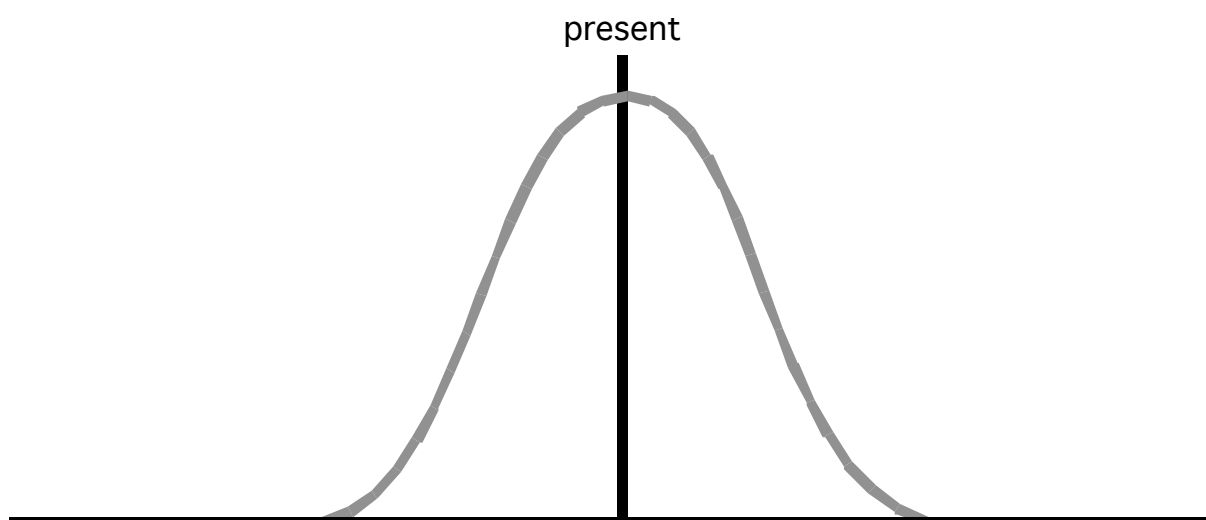
All these parts are dissociated. They have lost contact with the Original Personality. They tend to exist on their own, with more or less abrupt switches in awareness of the parts. Often the Apparently Normal

Personality appears during the day. In the night, the Emotional Personality takes over the stage.

We can also look at this fragmentation from another perspective: Trauma is directly connected to our perception of time. Let's listen to Pierre Janet here. In his early years Janet worked together with Freud at the Salpêtrière Hospital in Paris. In 1925, he described different aspects of the perception of time. The most important are:

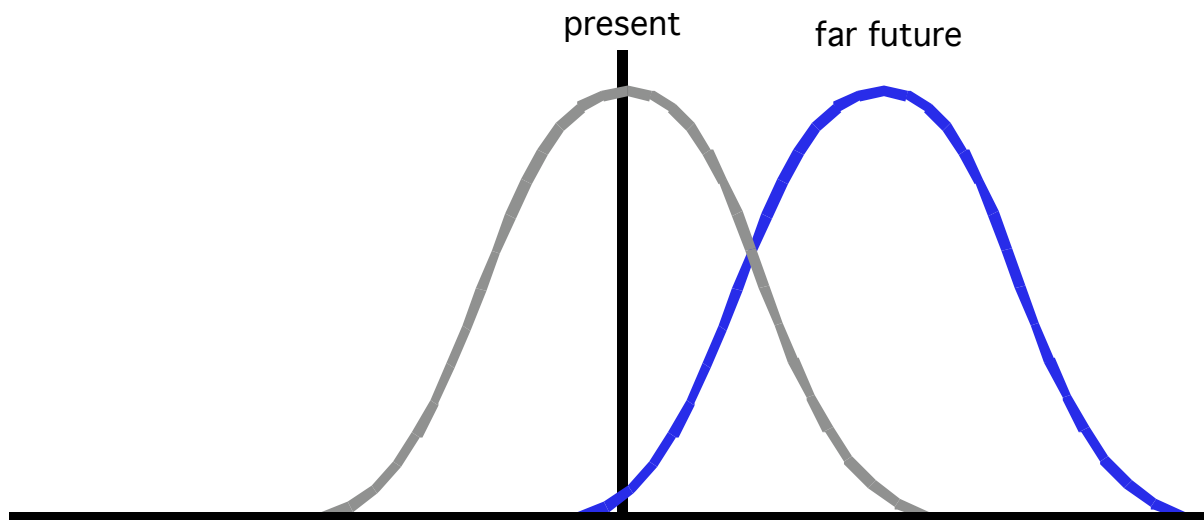
1. The present reality, which applies to material as well as to mental entities and events.
2. The immediate future, which interests us almost as much as the present, though with somewhat less vividness.
3. The recent past, to which is attached the affective memory with happy and unhappy recollections, illusions, deceptions and regrets.
4. The distant future, which we hope to realize, but which is too remote to greatly interest us.
5. The dead or distant past, which is lost in affective character, but whose reality we still maintain as having occurred in time.

In normal daily life, we shift back and forth between these forms of subjective time, easily. Janet proposed the following diagram:



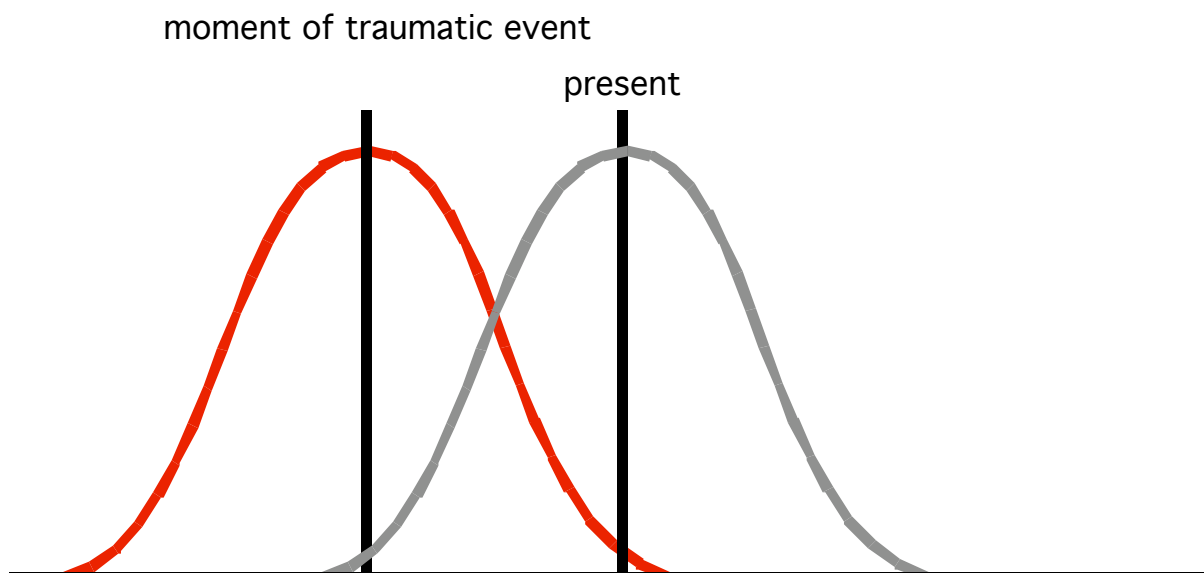
In healthy adults, awareness of time looks like this: Under the bell curve is our total awareness, plotted over time. In normal daily life, we're aware of the present reality, easily remember what just happened, organize our immediate future, and don't think much about what's far behind or far

ahead. People with PTSD don't. Their main symptoms are re-experiencing and avoidance. These symptoms tend to distort time. If we apply this to the diagram, we see two other patterns:



If the emphasis in trauma processing is on avoidance, people invest energy in reducing insecurity in the future. This happens after the war, when people focus on building up the country out of ruins and rubbles. With avoidance, survivors deny that the past has happened. They focus on the immediate future. The Apparently Normal Personality represses the past and concentrates on other aspects in the here-and-now and the future: taking care of others, working hard, planning the future.

In the other pattern, the awareness in the perception of time is mainly focused on the past:

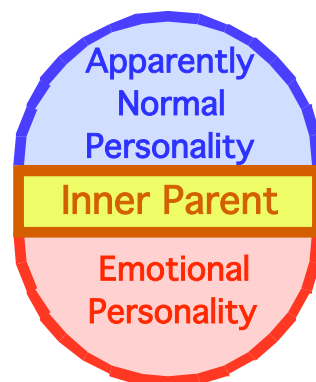


In re-experiencing, people deny that the traumatic event is over, and that we live in the here and now. The bell curve will shift to the left. Time stands still. The Emotional Personality is caught in the experience of the past. If the trauma has been extremely severe, the personality is broken down in even smaller pieces, like in Carla's case. If this occurs very early in life, these pieces can develop as completely separate subpersonalities, and we have a dissociative identity disorder.

In my work with Carla I explained this model. It helped her to discriminate her different states and to see that different states each need a different approach.

So the Original Personality can be split in an Apparently Normal Personality and an Emotional Personality. These states are fixated in different aspects of the perception of time. Distortions in the perception of time are blocks in the flow of life energy, and this is one of the reasons why energy psychology is an excellent tool for the treatment of trauma.

In this model so far, an important aspect is left out. It's what I call the Inner Parent, the parental introject.



Let's go back to Carla again: During this dramatic flight, Carla's mother was in total distress. She didn't know if her husband was alive or dead, she was exposed to the traumatic circumstances herself, and she had to take care of two young children. In trying to find a way to understand what was going on, this desperate woman was the only person Carla could turn. Mother was her main point of reference. That means that to make sense out of this chaotic scene, she had to take in the worldview of her mother at the time. Apart from the Apparently Normal Personality and the Emotional

Personality, we have a third component of dissociation: the introjects of significant others. These are separate parts of the person. They have gone through the traumatic experiences from the position of the mother, the father or other significant persons in the life of the client. Such introjects are connected to the Emotional as well as to the Apparently Normal Personality of the client: The traumatized Inner Parent has similar patterns of dissociation as the client herself.

When I start to work with a client, these are the corner points of my treatment model.

The first important consideration is that not everybody needs treatment.

Between 80 and 95% of trauma survivors will recover from traumatic events without any apparent damage, within weeks or months. They may need support from family or friends, but in general, they recover and even find new qualities in life. I call this the integrated personality. Life again gets the old characteristics of predictability and control, this time colored by the traumatic experience.

When a client decides for treatment, this will always need to access the whole of the traumatized person, and bring all parts together towards an integrated perception of past, present and future. In Don Elium's words: Bringing the parts home.

In the treatment of traumatic stress, I see five key factors:

1. Security and contact: The working relationship
2. Diagnosis of trauma and dissociation
3. Assistance with Coping: Managing the situation
4. Neutralization of traumatic events
5. Grieving, Reorganization and Integration

The triangle represents the fact that the biggest parts are the most important, and that we're working left to right in time.

1. The Security Factor: Contact and the working relationship.

Without a working relationship, there is no treatment of trauma. There is a reason for that: In my opinion, the single most important trigger for PTSD is the absence of support for the person in the face of adverse circumstances. In treatment, this must be compensated for and the Emotional Personality must be contained. Trying to neutralize traumatic events without an adequate working relationship is retraumatizing. The necessary depth of the relationship depends on the intensity and the duration of the traumatic events and their effects on the client. Sometimes it can take years to build it up, in other cases only a few minutes. It can be established by continuous and reliable support over a long time, or just by the reputation of the therapist.

A therapist must offer a Sacred Space, a supporting and healing relationship in which at first everything is allowed to be as it is. All parts of the fragmented personality must be addressed, welcomed and treated. Only in such a safe environment, the client's frame of reference can be restored and extended. Clients become able to think and feel in a new way, different from the PTSD frame of mind, based on further development of the Original Personality. They are able to accept new information about what's going on within them and about ways of changing. They can experience love and hope, the basic conditions for any method of treatment.

2. The Information Factor: Diagnosis and Teaching

For an adequate treatment, trauma must be well diagnosed. After traumatic events, the original personality is shattered and divided between re-experiencing and avoidance, in combination with a broad range of other symptoms: Intrusions and numbing, insomnia, sadness, phobias, grief, isolation, clinging, and so on. In situations where the trauma is worse, we see dissociative symptoms, like depersonalization, derealization, or amnesia. We hear sentences like:

- „I saw myself from above“
- „I could see myself functioning as I did“
- „I'm walking in a dream“
- „I don't know how long it took, until I found myself and came to my senses.“

We must know what caused the fragmentation and what the parts are. We must not be distracted by the apparently normal part of the personality and not be impressed by the many symptoms of re-experiencing.

The time/awareness graph gives us a diagnostic instrument for the state of the client. In energy psychology and EMDR, we have different assessment instruments: We have the SUDs, we have the Validity of the Positive Cognition (VoC), we have the presence of somatic symptoms and now we have the time/awareness graph. In successful treatment, we can expect that the SUDs go down, the VoC goes up, the body symptoms disappear and the time/awareness graph shifts towards the here and now and approaches a bell curve.

In the process of reaching the diagnosis, the therapist shares information with the client, to help him build a new frame of reference, and to support the integrative capacity of the Apparently Normal Personality. The therapist can give information on symptoms of trauma and dissociation, about methods of treatment, and about what to expect after and before sessions. This information can depend on the method of treatment: Dynamically oriented therapists may introduce information about the unconscious. Behavior therapists introduce information about reinforcement. Energy psychologists will give information about acupuncture meridians and energy systems. We have to teach what trauma is, what symptoms are and what can be expected in treatment. An example: Many clients experience a deep fatigue after this kind of work and their whole body hurts because muscle tension is given up that has been there for many years. Knowing that this happens helps build a frame of reference and strengthens the therapeutic alliance. As therapy continues, the therapist sometimes presents normative data such as the fact that even courageous soldiers feel fear in combat, or that perpetrators of abuse may manipulate their victims into feeling responsible for the abuse (Lipke, 1996).

3. The Coping Factor: Managing daily life

The working relationship lowers the stress connected to the traumatic events and opens doors to accepting new information by the client. Helping the client to manage symptoms creates a solid base for everyday

life. The person learns to manage her life in a stage where she's not strong enough to face the traumatic events directly. Reconnecting with other and reestablishing contact with daily life strengthens the person for the confrontation with the traumatic events that is necessary for overcoming PTSD. According to the Israeli psychiatrist Arie Shalev, effective coping means:

- Relative control of emotion
- Ability to fulfill a task, to perform
- Keeping a positive view of one self: people who cope badly have negative thoughts
- Ability to maintain rewarding interpersonal contacts: people can appreciate and enjoy communication with others

In Shalev's frame of reference, poor coping means:

- Uncontrollable emotion, flooded by emotion
- Inability to follow the task: any task, like physiotherapy movements
- Negative self perception
- No contact and conversation

As therapists, we must ask ourselves how good the person is performing in terms of overall coping, and we must offer homework assignments and support in coping with everyday life. The Apparently Normal Personality is addressed to do this, but we must realize that it is limited in its capacity to process stimuli that could remind the person of the trauma.

You want to help your client to find a mode of coping that provides them with a minimal level of control and contact. This may be a first field of indication for energy psychotherapy. Especially in complex trauma, treatment can start with small aspects of managing daily life: Household tasks, going out, driving a car, shopping, meeting people.

4. Neutralizing traumatic events

Neutralizing the traumatic events and healing dissociation becomes possible once a stable working relationship has been established, the client know what's going on and what to expect, and adequate coping patterns

have been installed. If this is not the case, working through will lead to being overwhelmed by the treatment and thus to retraumatization. This may be the reason why Critical Incident Stress Debriefing has been proven less effective than previously thought. Debriefing has failed to achieve its prophylactic aim of preventing posttraumatic stress in disaster victims. Especially single session debriefing in groups within two or three days of the trauma has been proven at best ineffective, at worst entails serious risks for traumatized people (Carlier, 2000). New research tends towards very early interventions, even within 10 hours after the event. The degree of dissociation is decisive for the timing of interventions, and we have to ask ourselves a number of questions before activating the memories of traumatic events:

- Is the relationship strong enough to allow for reactivation of the experiences we want to treat?
- Do we have enough information about the experiences we want to treat?
- Is the client able to manage a change in his situation?

If these questions can be answered with a yes, we can treat the traumatic experience directly. We can address the experience and assess the SUDs, we can tap with EFT, TFT or BSFF, we can use Tapas' techniques or use any other technique which is available to us. It's very important to treat all aspects of the experience that can be threatening to the client. Images, sounds, feelings, smells, thoughts, emotions and beliefs may all be subject to treatment. If the SUDs don't go down, it's often necessary to treat introjects of the people who had to take care of the clients at the time of the trauma.

Sometimes the event the client is aware of covers other aspects that are out of reach for the conscious frame of reference of the client. In my experience as a therapist, I have worked with experiences in pre-natal life, in past lives and even in parallel dimensions. I must say that here I'm on a journey myself.

The experience can be considered as neutralized if the client is able to look at the event from the beginning to the end without significant emotions. With successful treatment, the client often makes remarks like "It's over now", "I survived, that's more important now".

Sometimes we have to work with introjects, the Inner Parent, to complete the process.

As Carla had neutralized a number of the experiences I described above, she was delighted, but after a little break she said: “There is still something unfinished with my mother.”

I asked her to take a familiar body position of her mother, and to be her mother. I asked her for her name and addressed the mother directly. I told her that her daughter had told me that she suffered a lot, and that I would like to hear the story from her. There was a grim silence in which she refused, but when I continued to ask, there was a flood of emotional expression: Her loneliness, her grief about leaving home, the insecurity about her husband, the responsibility for the children and the presence of death and dying. I worked with her experiences as I worked with Carla before, and in time the mother became quiet, especially when she realized that they all had survived these bad times, including her husband.

5. The Integration factor: Living a new life

Once the traumatic events have been processed, clients are able to learn from them. They can see that their life became richer, they're able to appreciate what's there, they start to respect values like friendship. The client is able to see her life as a tapestry with irregularities and repetitive patterns. Grief is an important part of this process. Grief for persons never grieved for before, grief for missed chances and encounters, grief also for not treating people right or ignoring helping hands.

Let's go back to Carla again: In the night before the third session she had a dream, in which the happy child, her mother and Carla as a mother herself were dancing. The young lonely girl was watching from a distance and felt as if she didn't belong to the scene. Carla wanted to work on the integration of the unhappy girl. My intuition told me to work with my extended version of Tapas' Acupressure Technique, and the result was amazing, The process started with focusing on the situation of the lonely little girl, with as a second step the affirmation "I survived". During the following TAT process, a vortex appeared amidst the four females, which grew bigger and bigger and finally took all the females in. Then it split in

an image of a woman and a shadow. Gradually it became visible that the woman was Carla, in a blue dress. In the last step, forgiving, the shadow disappeared and a radiant image of Carla showed.



life is again:

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In the past, neutralizing and integrating traumatic experiences required a lot of talking. The use of Energy Psychology techniques often allows for a faster transition from trauma and dissociation to integrated, adult states.

This is very positive in many cases. Treatment can be shortened considerably compared to classical treatment. However, timing is everything. As strange as it may sound, clients can be overwhelmed by the effectiveness of the therapy. They may end up without symptoms, but shaken and even worried by the sudden disappearance of what hurt them for so long. They don't feel like being themselves.

A few general comments about treatment:

Within the triangle above, there are many options for interventions. In working with energy psychology, we can access these treatment factors more quickly, on many occasions. In Carla's case, the fact that she knew what energy psychology is, and was referred to me as an expert for trauma work with the help of these techniques, did a lot to help build the therapeutic relationship. In other cases, it can take a lot of time to gain the respect and trust of our clients. Depending on the intensity of dissociative processes, we may have to spend more time in the left of the triangle. The triangle can take different forms, and may even be cut off, because the higher levels of treatment are never reached, and more or less adequate coping is as far as we can get.

Some energy psychologists tend to think that faster is better, and to neglect the importance of the basic treatment conditions. They start to

neutralize traumatic material immediately, with the risk of retraumatization.

The work on the factors 1, 2 and 3 is not spectacular. It may take a lot of time and energy. At first sight, it may not look very rewarding, but it creates much better conditions for a sustainable resolution of the client's issues.

Sometimes even energy psychology doesn't work, or only partially. If traumatic events accumulate, the client can get into a loop that add to the intensity of the dissociation. The ANP and the EP can be split in parts again every time the person is retraumatized. The earlier the trauma, and the more often the loop is repeated, the more emphasis we need on the working relationship, the management of information and the coping with the symptoms.

Sometimes, we will not be able to continue treatment at all, because the pain, the humiliation, the grief, the guilt and the damage to the soul are just too big to handle and the person stays dissociated.



This was also the sad end of my work with Carla. After the sessions we had, she traveled home to Germany by train, a long ride. About halfway, she was robbed. Her purse was stolen. In it, there were all the signs of her identity: cards, driving license and passport. Then the most intrusive traumatic belief of all was reactivated: *I've lost everything*. She told me this on the phone when I called her in the course of the following week. She was very angry at me, convinced that this was my fault, because we hadn't treated this belief. After this, Carla refused further contact.

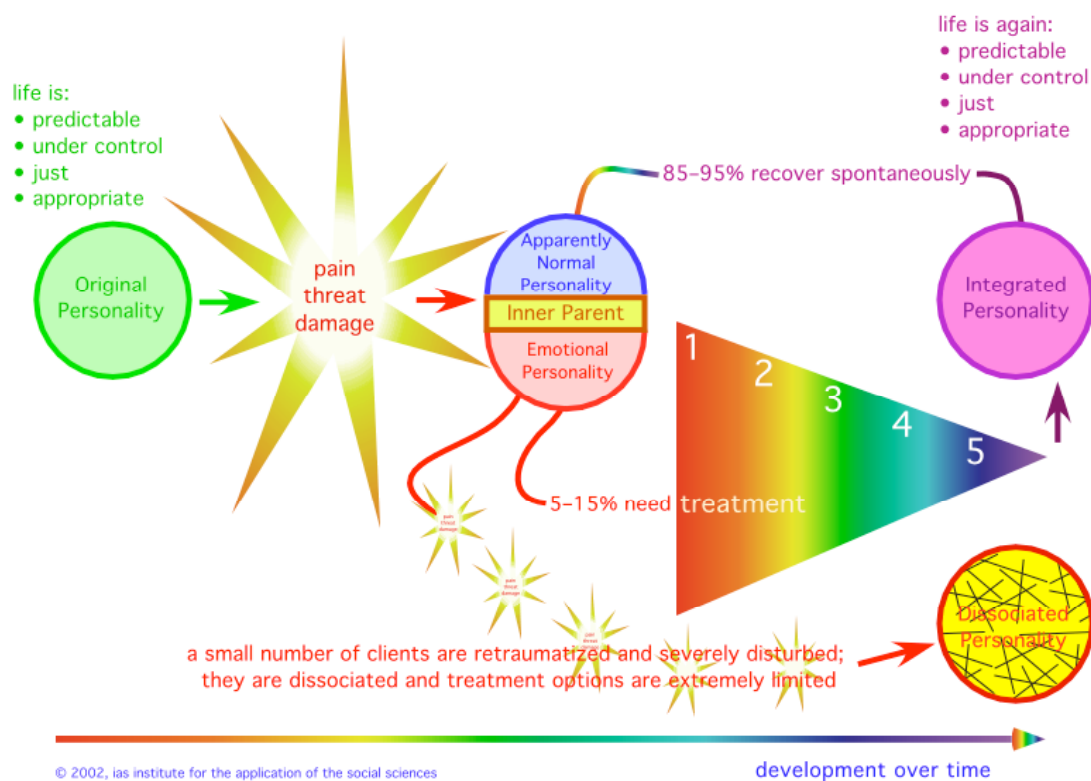
Treatment had looked so successful when she left, but it hadn't addressed all relevant traumatic beliefs. The relationship I had been able to offer wasn't strong enough to protect her against this negative aspect of daily

life and to contain her Emotional Personality. This confirms the importance of what I wrote before about the contact and security factor in treatment.

Coping with trauma, and processing trauma, becomes easier with the help of energy psychology and psychotherapy. In the first stage, when the trauma is still too threatening to be directly addressed, energy psychology methods can be used for relaxation and stress reduction. In the second stage, energy psychology may help the client understand what's going on and what to expect from the treatment. In the third stage, energy psychology can help with the problems associated with coping. The real strength of energy psychology methods is in the neutralization of traumatic events. In the integration stage, the flow of life energy can be restored. This may be the most significant experience of the client.

The *sine qua non* of treatment, however, is contact and security, in all stages of treatment. I hope I've illustrated this clearly enough in the case of Carla.

We can summarize the content of this article in the following diagram:



Conclusion

Trauma plays an extremely important role in psychotherapy. It's at the base of much avoidant and emotional behavior we see in our clients.

Therefore, treatment should be safe and thorough. Even if, in Energy Psychology, our instruments are extremely powerful, there is no substitute for the healing power of the therapeutic relationship in time.

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